

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/328,939 (now USP 7014788)
Filing Date	June 9, 1999
First Named Inventor	Shuzo Fujimura et al.
Art Unit	1765
Examiner Name	Shamim Ahmed
Attorney Docket Number	018867-000410US

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record
- all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- all the attorneys/agents associated with Customer Number 20350

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client requests transfer of matter to firm listed below.

CORRESPONDENCE ADDRESS

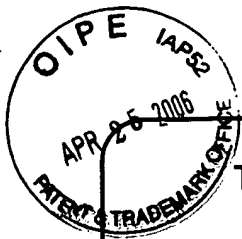
- 1. The correspondence address is NOT affected by this withdrawal.
- 2. Change the correspondence address and direct all future correspondence to:

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Julia Mitzel		
Address	5331 Thunder Ridge Circle		
City	Rocklin	State	CA
		Zip	95765-4844
Country	USA		
Telephone	(916) 435-9175	Fax	
Signature			
Name	Stephen Y. Pang	Registration No.	38,575
Date	April 20, 2006	Telephone No.	650-326-2400

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.



IFW

PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/328,939 (now USP 7014788)
	Filing Date	June 9, 1999
	First Named Inventor	Shuzo Fujimura et al.
	Art Unit	1765
	Examiner Name	Shamim Ahmed
Total Number of Pages in This Submission	Attorney Docket Number	018867-000410US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Stephen Y. Pang		
Date	4.20.2006	Reg. No.	38,575

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature		
Typed or printed name	Susan R. Aikins	Date
		4/20/06